



# California Department of Mental Health

#### Prevention and Early Intervention Program and Expenditure Plan Draft Proposed Guidelines

PEI Stakeholder Conference Call

Monday, July 23, 2007 2:00 pm to 5:00 pm

Toll Free Call-In #: 1-866-296-6505

Verbal Password: MHSA TTY #: 1-800-735-2929



### PEI Stakeholder Conference Call Agenda

2:00

Welcome and Conference Call Purpose Review Agenda and Conference Call Process

Part I: Purpose, Background and Definitions

Part II: Community Planning Process

Part III: PEI Workplans

2:30 Questions and Comments

3:00 Part IV: Funding

Part V: Accountability and Evaluation



# PEI Stakeholder Conference Call Agenda (cont'd)

3:30 Questions and Comments

3:45 Break

4:00 Part VI: Submission Guidelines

4:25 Resource Materials

4:40 Final Questions and Comments

5:00 Adjourn



Part I: Purpose, Background and Definitions

(p. 1-2)

- Key Community Needs:
  - Disparities in access to mental health services
  - Psycho-social impact of trauma
  - At-risk children, youth, and young adult populations
  - Stigma and discrimination
  - Suicide risk
- PEI Priority Populations:
  - Underserved cultural populations
  - Individuals experiencing onset of serious psychiatric illness
  - Children/youth in stressed families
  - Trauma-exposed
  - Children/youth at risk for school failure
  - Children/youth at risk of juvenile justice involvement





Operational definition of Prevention and Early Intervention:

- Prevention
  - Involves reducing risk factors or stressors
  - Building protective factors and skills
  - Promotes positive cognitive, social and emotional development
  - Generally no time limits/low cost





Part I: Purpose, Background and Definitions (p. 4-5) (cont'd)

- Operational definition of Prevention and Early Intervention (cont'd):
  - Early Intervention
    - Addresses a condition early in its manifestation
    - Is of relatively low intensity
    - Is of relatively short duration (usually less than one year)
    - Has the goal of supporting well-being in major life domains and avoiding the need for more extensive mental health services
    - May include individual screening for confirmation of potential mental health needs







Part I: Purpose, Background and Definitions (p. 6) (cont'd)

- Exception for Early Onset:
  - Specialized programs for individuals at risk of or who are experiencing early onset of a psychotic illness
  - Based on transformational interventions from Australia, Europe, Canada
  - Identify and provide services to youth/TAY in non-stigmatizing, non-MH settings
  - Program is generally 2-5 years in duration



Part II: Community Program Planning Process (p. 7-9)

- Process and timeline for funds
- Involvement of non-MH organizations and stakeholders
- Involvement of Required and Recommended Sectors
- Outreach and Engagement to Underserved Communities
- Required comment period and public hearing





Part II: Community Program Planning Process (p. 7) (cont'd)

- Purpose of Community Program Planning:
  - Identification and selection of Key Community MH Needs and related PEI Priority Populations
  - Selection of PEI Strategies to achieve Desired Outcomes
  - Assessment of Community Capacity and Strengths
  - Development of Workplans with Timeframes, Staffing and Budgets
  - Implementation of Accountability, Evaluation and Program Improvement Activities





Part III: PEI Workplans (p. 10-13)

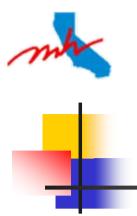
Workplans connected with PEI Priority Populations

- Reducing disparities is an overarching goal
- Priority Age 51% funds to children and youth;
   small counties excluded



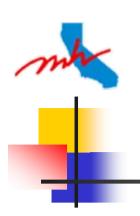
# PEI Draft Proposed Guidelines Part III: PEI Workplans (p. 11-12) (cont'd)

- County Selection of Strategies:
  - Based on PEI Priority Populations and PEI Community Needs
  - Counties may select from the PEI Resource Materials
  - Counties may select alternative strategies with rationale



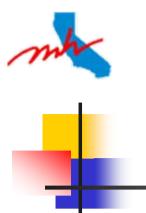
Part III: PEI Workplans (p. 12-13) (cont'd)

- State-Administered Projects:
  - Suicide Prevention
  - Stigma and Discrimination Reduction
  - Ethnically and Culturally Specific Programs and Intervention
  - Training, Technical Assistance and Capacity Building
  - Student Mental Health Initiative
  - Statewide Evaluation



#### **Questions and Comments**

Parts I through III



Part IV: Funding (p. 14-15)

- Non-supplant
- Allowable Expenditures
- Non-allowable expenditures
- Leveraging

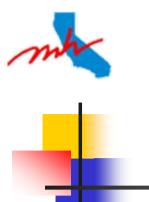




Part V: Accountability and Evaluation (p. 16)



- Demonstrate accountability to the public
- Document progress towards meeting overall aims of PEI
- Inform both policy and practice about the PEI component of MHSA
- Create a cooperative learning environment among stakeholders



Part V: Accountability and Evaluation (p. 17) (cont'd)

- Section A: Evaluation Questions:
  - Individual Person/Family Level
    - Improve mental health status
    - Reduce risk for emotional and behavioral problems
  - System Level
    - How is PEI money being spent?
    - What strategies show promise and/or evidence of being effective especially with underserved populations
    - What impacts are there from PEI on the mental health system and other organizations, agencies and systems



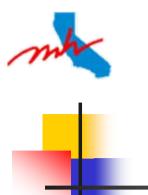
Part V: Accountability and Evaluation (p. 18) (cont'd)

- Section B: Evaluation Components:
  - Tracking of expenditures at the workplan level
  - Semi-annual narrative reporting
  - Participation in on-site program reviews
  - Participation in surveying of PEI implementation, funding, and collaborative partners
  - Conducting a local outcome evaluation of the strategies within one workplan



Part V: Accountability and Evaluation (p. 18-19) (cont'd)

- Section C: Tracking of Expenditures:
  - Description of the target population for the workplans
  - The number who received the prevention and early intervention strategies within the workplan
  - Characteristics of those who received the early intervention, where appropriate and feasible
  - Type of problem(s)/need(s) for which intervention was directed
  - Number of services by type of services
  - Type and nature of implementation, funding, or collaborative partner
  - Dollars and funding source

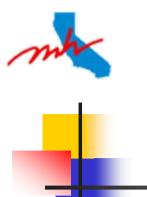


Part V: Accountability and Evaluation (p. 19-20) (cont'd)

Section D: Narrative Reporting

Section E: Participation in On-Site Reviews

 Section F: Participation in Surveying of Partner Organizations



Part V: Accountability and Evaluation (p. 20) (cont'd)

- Section G: Conduct a Local Outcome Evaluation of One Workplan:
  - 1. Workplan to be evaluated and how the workplan and strategies were selected.
  - 2. Person-level and system-level expected outcomes for the strategies.
  - 3. Numbers and types of persons to receive the strategies.
  - 4. How achievement of the outcomes will be measured.
  - 5. How the data will be collected and analyzed.



Part V: Accountability and Evaluation (p. 20) (cont'd)

- Section G: Conduct a Local Outcome Evaluation of One Workplan (cont'd):
  - 6. How the strategy and the evaluation will be culturally competent.
  - 7. What procedure will be used to ensure fidelity in implementing the model and any adaptations.
  - 8. How the report on the evaluation will be disseminated to interested local constituencies.





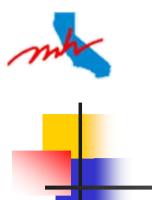
#### **Questions and Comments**

Parts IV and V





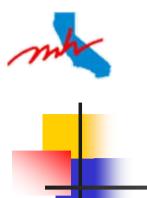
#### **BREAK**



Part VI: Submission Guidelines (p. 21)

Instructions for Completing Plan:

- Form 1: Program and Expenditure Plan Face Sheet
- Form 2: Community Program Planning (CPP)
   Process Counties document completing the required elements of the CPP process



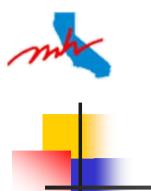
Part VI: Submission Guidelines (cont'd)

- Form 3: PEI Workplan Summary (with instructions)
  - PEI Key Community Mental Health Needs
  - PEI Priority Population
  - Workplan Description
  - Strategies
  - Alternate Strategies



Part VI: Submission Guidelines (cont'd)

- Form 3: PEI Workplan Summary (with instructions) (cont'd)
  - Linkages to County Mental Health Providers of Other Needed Services
  - System Enhancements
  - Intended Outcomes
  - Coordination with Other MHSA Components



Part VI: Submission Guidelines (cont'd)

- Form 4: PEI Revenue and Expenditure Budget Worksheet (with instructions)
- Form 5: Administrative Budget Worksheet (with instructions)
- Form 6: Prevention and Early Intervention Budget Summary
- Form 7: Local Evaluation (with instructions)





#### PEI Resource Materials

- Separate document on DMH website
- Narrative Introduction to the PEI Resource Materials
- Chart of Selected Strategies with Outcomes
- Strategy Resource Materials by priority populations





#### PEI Resource Materials (cont'd)

- Draft PEI Logic Model
- Potential Outcomes of PEI Strategies



#### PEI Stakeholder Conference Call

#### Final Questions and Comments





#### **Contact Information**

#### CA Department of Mental Health 1600 9<sup>th</sup> Street, Room 250 Sacramento, CA 95814

Phone: 1-800-972-MHSA (6472)

Fax: (916) 653-9194

Email: mhsa@dmh.ca.gov

Website: http://www.dmh.ca.gov/mhsa